

54-222



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April 12, 1995

OSHA
DOCKET OFFICER
DATE APR 14 1995
TIME _____

The Docket Office
Docket H-049
U. S. Department of Labor
Occupational Safety and Health
Administration
Room N2625
200 Constitution Avenue, N.W.
Washington, DC 20210

RE: Proposed Respiratory Protection Standard 59 Fed. Reg. 58884
(November 15, 1994).

Dear Sir or Madam:

Reynolds Metals Company is committed to employee safety and health and recognizes the importance of providing effective respiratory protection. However, Reynolds is concerned with certain aspects of the proposed rule and offers the following comments and suggested changes:

(a) Scope of Standard

The scope of this standard should be limited to required respirator use and should not apply to voluntary use. If an employee attempted to avoid possible exposure by using a respirator voluntarily, he might be discouraged from doing so because of the many steps that would be required to permit the use, i.e. medical evaluation, fit testing, etc. Employers, too, would be discouraged from allowing the voluntary use of respirators. Reynolds recommends that the language in (a)(2) be changed to the following:

The scope of this standard applies when the hazardous exposure level of a hazardous chemical is met or exceeded.

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(b) Definitions

Hazardous Exposure Level

Where there is no permissible exposure limit for a hazardous chemical, employers should be allowed to use sound judgement in selecting which exposure limits they will use. Employers should not be required to use Threshold Limit Values and Recommended Exposure Limits. Reynolds therefore recommends that the definition of hazardous exposure level be changed to:

Hazardous exposure level means airborne concentrations above the permissible exposure limit (PEL) for a hazardous chemical in 29 CFR 1910, Subpart Z, of the General Industry Standards of the Occupational Safety and Health Administration (OSHA). If no PEL exists, the employer should use professional judgement based on available hazard information.

Maximum Use Concentration (MUC)

Reynolds recommends that OSHA rewrite this definition to exclude any reference to the NIOSH approval label as NIOSH no longer specifies Maximum Use Concentrations on approval labels. The new definition should read:

Maximum use concentration means the maximum concentration of an air contaminant in which a particular respirator can be used, based upon the respirator's assigned protection factor.

Quantitative Fit Test (QNFT)

The proposed definition of Quantitative Fit Test could eliminate the use of the condensation nuclei counter (Porta-count). The inclusion of the words "challenge agent" is too restrictive, because Condensation Nuclei counting Technology is a proven method of fit testing. The definition should be changed as follows:

Quantitative Fit Test means an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

Tight Fitting Facepiece

Because OSHA uses the term "tight-fitting facepiece" in the standard, Reynolds recommends adding the ANSI definition of tight-fitting facepiece to the respiratory protection standard:

Tight-fitting facepiece means a respiratory inlet covering that is designed to form a complete seal with the face. A half-facepiece (includes quarter masks, disposable masks,

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and masks with elastomeric facepieces) covers the nose and mouth; a full facepiece covers the nose, mouth, and eyes.

(c) Respiratory Protection Program

Reynolds supports OSHA's comments in the preamble and believes that the training requirements for the program administrator should be performance oriented. Reynolds recommends that the following sentence be added to the standard:

The level of training for the respirator program administrator/supervisor must be adequate to deal with the complexity of the respirator program.

(d) Selection of Respirators

(d) (2)

OSHA is proposing that where elastomeric facepieces are used, employers provide a selection of respirators from an assortment of at least three sizes for each type of facepiece and from at least two different manufacturers. In keeping with a performance oriented standard, the employer should be required to provide a selection of respirators sufficient to protect the employees. We recommend that Section (d) (2) be replaced with the following:

Where respirators that rely on a tight facial seal are used, the employer shall provide sufficient sizes and models necessary to provide an acceptable fit.

(d) (3)

OSHA is proposing that certain information be collected and evaluated for each work situation where respirators are used. If this information were required in writing for every instance of respirator use, it would be an impossible burden for employers. These elements should be required for a respirator program as a whole, but not separately for each work situation and this distinction should be made clear. Reynolds proposes that the language in Section (d) (2) be amended as follows:

In addition, the following factors shall be considered when selecting a respirator:

- (i) The nature of the hazard;
- (ii) The physical and chemical properties of the air contaminant;
- (iii) Warning properties of the contaminant;
- (iv) The adverse health effects of the respiratory hazard;

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- (v) The nature of the work operation or process;
- (vi) Results of workplace sampling or estimates of the concentration of the contaminant;
- (vii) The relevant exposure limit;
- (viii) Respirator guidelines/requirements if a specific standard exists for the contaminant;
- (ix) The work activities and potential stress of these work conditions when wearing a respirator;
- (x) Respirator assigned protection factors;
- (xi) The period of time the respirator must be worn;
- (xii) Fit test results; and,
- (xiii) The physical characteristics, functional capabilities, and limitations of the various types of respirators.

(d) (5)

The proposed regulation would require employers to make various types of respirators available for selection and assure that respirators are used in accordance with assigned protection factor tables in the NIOSH Respirator Decision Logic. Reynolds suggests that OSHA set assigned protection factors based upon the functional effectiveness of different types of Powered Air-Purifying Respirators (PAPRs). Such decisions could be based upon credible published data, demonstrating the capability of the different kinds of PAPRs to provide protection to their wearers. If OSHA cannot assign different Protection Factors (PFs) to different types of PAPRs, Reynolds suggests that instead of NIOSH's Respirator Decision Logic, OSHA use the protection factors listed in ANSI Z88.2-1992 Table 1.

(d) (7)

Since manufacturers are no longer required to provide airborne concentration limits on their cartridges, canisters, etc., Reynolds suggest that OSHA delete Section (d) (7) which states that a respirator cannot be used where the maximum use concentration exceeds the manufacturers recommended limitations.

(d) (8)

Most air purifying respirators are worn to protect against substances for which neither (d)(8)(a) specific substance regulations nor (d)(8)(b) warning properties apply. In these situations, a well thought out change schedule is an employee's best protection. Therefore, Reynolds suggests that OSHA rewrite (d)(8) as follows and eliminate (d)(9):

Air-purifying respirators shall not be used for a hazardous chemical with poor warning properties unless either:

- (i) Their use is permitted under the provisions of a substance specific OSHA standard, or
- (ii) The respirator has an end of service life indicator approved by NIOSH for use with the specific chemical, or
- (iii) A change schedule has been implemented to assure that air-purifying cartridges, canisters and/or filters are replaced before an estimated 80% of their useful service life has expired, based upon documented break-through data, airborne concentration of the chemical and duration of exposure.

(e) Medical Evaluation

Reynolds supports Alternative Three and recommends that OSHA modify the text of this medical surveillance requirements as follows:

- (1) Health Screening: Before respirator use starts, for each employee required to wear a respirator, the employer shall provide a health screening, and if needed, a medical evaluation, to determine whether an employee has a health problem that may interfere with his/her ability to wear a respirator. This determination shall be reviewed periodically.
 - (i) Prior to respirator fit-testing, the employee shall be required to complete a health screening questionnaire.
 - (ii) The questionnaire shall be administered by a person trained in its administration by a licensed health professional, and it shall be reviewed by, or under the direction of, a licensed health professional.
- (2) Medical Evaluation: A medical examination shall be required for any employee whose answers to any of the questions on the questionnaire show the need for such an examination. In addition, employees who are assigned to emergency or rescue operations while wearing a SCBA, shall receive a medical evaluation.

- (i) Medical examinations shall be performed by a licensed physician, or by a health professional under the direction of a physician.
 - (ii) If a medical examination is given, the employer shall obtain from the examining physician, a written opinion which states whether the employee has any detected medical condition which would place the employee's health at increased risk of material impairment for respirator use and any recommended limitations upon the use of respirators. A copy of this written opinion shall be provided to the examined employee.
 - (iii) The individual performing the medical evaluation shall be informed of the employee's work environment, the types of respirators that are required to protect the employee from exposure to potentially hazardous substances, and the physical demands of the job.
 - (iv) The procedures used in the medical evaluation shall be left to the judgement of the individual performing the evaluation.
 - (v) The employee and the employer shall be notified of any restrictions on respirator wear.
- (3) In the case of new employees, employers may accept an already existing medical examination or written opinion from a physician provided it was conducted within a year of the date of employment, covered the same type of respirator under similar use conditions, and meets the requirements of (e) (1).
- (4) The employer shall have the employee's medical status reviewed periodically by, or under the supervision of, a licensed physician, and at any time the employee experiences unusual difficulty breathing while being fitted for or while using a respirator. The employer shall have the responsible licensed physician provide a written opinion resulting from the review as required under (e) (1).

It is important to differentiate between health screenings and medical evaluations because they are very different procedures. The following definitions should be added in Paragraph (b).

- (b) Definitions to address these differences:

Health Screening means the administration of a written health questionnaire by a health professional, or someone trained by a health professional, to determine the ability of an individual to safely wear respiratory protective equipment as part of their normal job related duties, or whether a medical evaluation is necessary.

Medical Evaluation means a review of the screening questionnaire and additional history, and/or a focused examination, and/or tests as appropriate, done by or under the direction of a licensed physician.

In response to OSHA's request for comments in the Preamble portion of the proposed regulation, Reynolds makes the following comments:

Reynolds supports OSHA's proposal to allow many portions of the medical evaluation to be performed by non-physician health professionals such as occupational health nurses, nurses, nurse practitioners, physician assistants, and others, working under the direction of a physician who determines the necessary procedures.

Reynolds agrees with OSHA that tachycardia associated with respirator use is not a problem, and should not be addressed in this standard.

OSHA should not include provisions dealing with hearing acuity in its respiratory protection standard because hearing ability has little to do with achieving protection from respiratory protective equipment.

Reynolds agrees with OSHA that there is no remaining basis for concern over the potential for the intake of toxic fumes or gases through a hole in the tympanic membrane.

OSHA should not require specific consideration of endocrine problems as part of respirator related medical surveillance.

OSHA should not include stress tests as a required part of the medical surveillance for those required to wear SCBAs. This is a basic fitness for duty question, not properly addressed in this standard.

OSHA should not address specific medical tests in mandatory requirements of its Respiratory Protection Standard. OSHA should leave the issue of specific tests for a particular condition or problem to the discretion of the attending physician.

OSHA should not attempt to compile a listing of medical conditions and diseases that may preclude the use of respirators. Any such list could not account for all the variables that might apply in individual situations and therefore would be of little practical value.

OSHA should not require an annual review of employee medical status. A review of medical status is appropriate when an employee reports difficulty while using a respirator during normally assigned duties.

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Comments were requested on whether the medical evaluation provision should be less extensive for less burdensome respirators. If Alternative Three is chosen, Reynolds does not see any reason to reduce the medical surveillance burden for particular types of respirators. However, if Alternative One or Two is chosen, the requirement for annual medical surveillance for all classes of respirator wearers would be excessive.

(f) Fit Testing

Section (f)(2)

Section (f)(2) requires an employer to fit-test a respirator prior to use. As written this statement would require fit-testing of all respirators, including loose fitting ones. Reynolds supports the fit-testing of tight fitting air-purifying respirators but it would be very difficult and expensive to fit-test loose fitting respiratory protective equipment. Reynolds recommends that this section be rewritten as follows:

The employer shall ensure that an employee is fit-tested prior to initial use of a tight-fitting air-purifying respirator, whenever a different make or size respirator is used and annually thereafter.

Sections (f)(3) and (f)(6)(iii)

Sections (f)(3) and (f)(6)(iii) require fit testing of tight-fitting air-purifying respirators and tight-fitting atmosphere supplying respirators. Reynolds believes that this provision should be deleted from the standard as it is doubtful that fit testing of atmosphere-supplying respirators provide any additional benefit. By design, atmosphere-supplying respirators are positive with respect to ambient air so any small leaks will be outward rather than inward. As long as the user has received appropriate instruction in donning, he/she should be able to determine if the respirator is fitting properly, and as a result gross leaks caused by improper donning are unlikely to occur.

Section (f)(9)

This section exempts an employer for 30 days from quantitative fit testing if its outside contractor is not available to conduct the fit testing. Reynolds supports this flexibility but recommends that the employer be exempt for 90 days, not 30. The exemption should also include employers who use company employees to perform fit testing when these company employees are located at another site.

Appendix A: Fit Testing Procedures

Appendix A, together with comments in the preamble, seem to imply that a paper record of the fit-test, i.e. a strip chart, should be maintained. Reynolds agrees that records should be maintained but does not believe it has to be on paper. This standard should allow records to

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maintained electronically as long as they can be called up and be readily made available to OSHA and requesting employees.

Reynolds recommends that condensation nuclei quantitative fit-testing methodology, (TSI Portacount) be recognized as an approved QNFT method and that it be included in Appendix A.

The TSI Portacount is widely used in industry at the present time. A protocol for its use should be included in the regulation rather than being adopted through procedures to be established by the proposed regulations. Reynolds also recommends that the term "test chamber" be changed to "environment".

Under the Procedural Requirements for the QNFT (Appendix A, II C 4 (h)), three quantitative fit-tests are required. Reynolds recommends that OSHA require only one quantitative fit-test rather than three. If a QNFT results in a fit factor greater than 10 times the assigned protection factor, one fit test should be considered successful.

(g) Use of Respirators

(g)(3)

Reynolds recommends that OSHA substitute the following language in Section (g)(3):

Employers may establish grooming requirements for employees to assure an effective seal when a tight fitting facepiece is required. In the alternative, the employer may offer employees the use of a non-tightfitting respirator.

The decision to offer an alternative respirator should not be mandated by OSHA.

(g)(4)

Reynolds recommends that Section (g)(4) be expanded to specify that prescription sports goggles such as Criss MAG spectacles be permitted with full facepiece respirators. This approval should be based upon the successful completion of a quantitative fit test while wearing the sports goggles with the respirator of choice.

OSHA requested comment on the use of contact lenses with respirators. Reynolds recommends that there be no restriction on the use of contact lenses with half or full face respirators as there is no evidence to support such a restriction.

(g)(5) - (7)

Reynolds supports OSHA's decision to change "work area" to "respirator area".

(g)(2)

OSHA proposes to require that disposable respirators which cannot be cleaned and sanitized be discarded at the end of the task or work shift. Reynolds believes that OSHA should not limit the use of disposable respirators to one task or shift, because there are many operations where they are not used in a dirty environment and can safely be reused. Reynolds recommends that OSHA differentiate in its regulations between disposable respirators with elastomeric face pieces, and disposable respirators without elastomeric facepieces.

OSHA requested comments on whether employees should be able to choose PAPRs rather than negative pressure respirators. Reynolds believes that the decision to make PAPRs available should be left to the employer.

(k) Training

OSHA asked for comments on the frequency of training. Reynolds recommends annual training if there is no change in process or equipment.

(k)(1)(i)

Reynolds suggests that section (k)(1)(i) be rewritten to delete reference to the hazard Communication Standard as follows:

Nature, extent, and effects of respiratory hazards to which the employee may be exposed.

(m) Recordkeeping and Access to Records

(m)(1)

Reynolds recommends that OSHA adopt the approach of allowing an employer to certify that fit testing has been completed, rather than requiring fit test records be maintained. Maintaining fit-test records is more costly and time consuming than certifying with little added benefit.

(n) Effective Date

OSHA has requested comments on how this proposed respiratory standard will effect other previously promulgated OSHA substance specific standards. In response, Reynolds makes the following comments:

Reynolds recommends that OSHA require the same methods and frequency of fit testing for respirators in all of its substance specific standards.

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For substance standards that presently lack a respiratory medical surveillance provision, OSHA should require Alternative Three among the three medical evaluation alternatives.

Reynolds recommends that all OSHA substance specific standards have uniform requirements for respirator related provisions.

Reynolds appreciates the opportunity to comment on this proposed regulation.

Sincerely,

A handwritten signature in black ink that reads "Homer M. Cole". The signature is written in a cursive style with a large initial 'H' and a stylized 'M'.

Homer M. Cole